Government of the District of Columbia

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Rev 11/03

2003 Schedule H SUB Homeowner and Renter Property Tax Credit

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OFFICIAL USE ONLY

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Your last name Your SSN.

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Calculation of total household gross income Report the total income of every member of your household, including any income not subject to DC tax.

			You		Your spouse		Other household men	nbers
а	Wages, salaries, tips, bonuses, commissions, fees	a	999999999.	00	999999999.	00	999999999.	00
b	Dividends and interest	b	999999999.	00	999999999.	00	999999999.	00
С	Lottery winnings	С	999999999.	00	999999999.	00	999999999.	00
d	Business income or loss	d	999999999.	00	999999999.	00	999999999.	00
е	Taxable and nontaxable portion of pensions and annuities	е	999999999.	00	999999999.	00	999999999.	00
f	Capital gain (loss)	f	999999999.	00	999999999.	00	999999999.	00
g	Alimony received	g	999999999.	00	999999999.	00	999999999.	00
h	Net rental income	h	999999999.	00	999999999.	00	999999999.	00
i	Social security and/or railroad retirement	i	999999999.	00	999999999.	00	999999999.	00
j	Unemployment insurance and/or worker's compensation	j	999999999.	00	999999999.	00	999999999.	00
k	Support money and/or public assistance grants	k	999999999.	00	999999999.	00	999999999.	00
	Interest on U.S. obligations	I	999999999.	00	999999999.	00	999999999.	00
m	Disability income exclusion (from DC Form D-2440)	m	999999999.	00	999999999.	00	999999999.	00
n	Non-taxable portion of military compensation	n	999999999.	00	999999999.	00	999999999.	00
0	Fellowship and scholarship awards and grants	0	999999999.	00	999999999.	00	999999999.	00
р	Life insurance proceeds	р	999999999.	00	999999999.	00	999999999.	00
q	Veteran's pensions and disability payments	q	999999999.	00	999999999	00	999999999.	00
r	GI Bill benefits	r	999999999.	00	999999999	00	999999999.	00
S	Income subject to unincorporated business franchise tax	S	999999999.	00	999999999	00	999999999.	00
t	Cash distributions	t	999999999.	00	999999999.	00	999999999.	00
u	Other Specify. AAAAAAAAAAAAAA	u	999999999.	00	999999999.	00	999999999.	00
V	Total gross income Add lines a - u for each column.	V	999999999.	00	999999999.	00	999999999.	00
W	Total gross household income Add all amounts on line v.	w \$	999999999	00				

Your last name Your SSN.

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Other members of your hou	sehold	List all people other than your spouse, v	whose income is included in the	other household members column on page 2.
First name	M.I. La	st name	Social security	number
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ΑΑΑΑΑΑΑΑΑΑΑΑΑ	A	~~~~~~~~~	A 999-99-	.9999
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		lare that I have examined this return and to the ised on all information available to the preparer.	best of my knowledge it is correct.	
Your signature		Date	Paid preparer's signature	Date
			Paid preparer's FEIN, SSN or PTI	
			99999999	999-999-9999
Physician's certification of b	lindnes	s or disability If you are blind or diseach time you claim	sabled, you must have this cer the Property Tax Credit.	tificate completed
Claimant's first name	M.I.	Last name		
AAAAAAAAAAAA	Α	~~~~~~~~~~~~	AA	
Claimant's social security number				
999-99-9999				
I certify that the above named t	avnavor	(fill in all that apply):		
X is blind X has a ph	vsical or	mental impairment that is expected	X was physi	cally or mentally impaired
		y for 12 months or more	on Januar	
Physician's first name	M.I.	Last name		
AAAAAAAAAAAA	Α	~~~~~~~~~~~	AA	
Physician's address (number and stree		Apartment num AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	nber	
City		State	Zipcode	
AAAAAAAAAAAAAA	AAAA	AA	99999-9999	
Physician's signature		Date		
Definitions				
Blind				
	1/200 in t	he better eye with correcting lenses	s, or vision that is	
greater than 20/200, but is acc	compani	ed by a limitation in the field of visio	n such that	
	al field su	ubtends an angle no greater than 20	O degrees.	
Disabled				
Unable to engage in any gainfu expected to last for 12 months		due to a physical or mental impairm	nent which can be	
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